MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/591662

FILING DATE

APPLICANT(S)

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TOTAL IND. TOTAL DEP. TOTAL DEP.	IND. DEP. IND. DEP. IND. DEP. 1	AS FILED
2	2	IND. DEP.
3	3	
5	5	
55	55	
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10	10	
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12	12	-
14	14	
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16	16	
17	177	
18	18	· · · · · · · · · · · · · · · · · · ·
20	20	
21	21	
Total Tota	72	
23	23	
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TOTAL DEP. IND.	OTAL DEP.	
DEP. DEP.	DEP. DEP.	
	OTAL LAIMS TOTAL CLAIMS	